

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">101597172</div>		FILING DATE <div style="font-size: 1.2em; font-family: cursive;">07-13-06</div>					
						APPLICANT(S)							
CLAIMS													
	AS FILED <i>Article 34</i>		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	2	↓		↓							
TOTAL DEP.	46	←	41	←		←							
TOTAL CLAIMS	48		43										
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TOTAL IND.		↓		↓		↓							
TOTAL DEP.		←		←		←							
TOTAL CLAIMS													